De-institutionalisation and child protection & care reform

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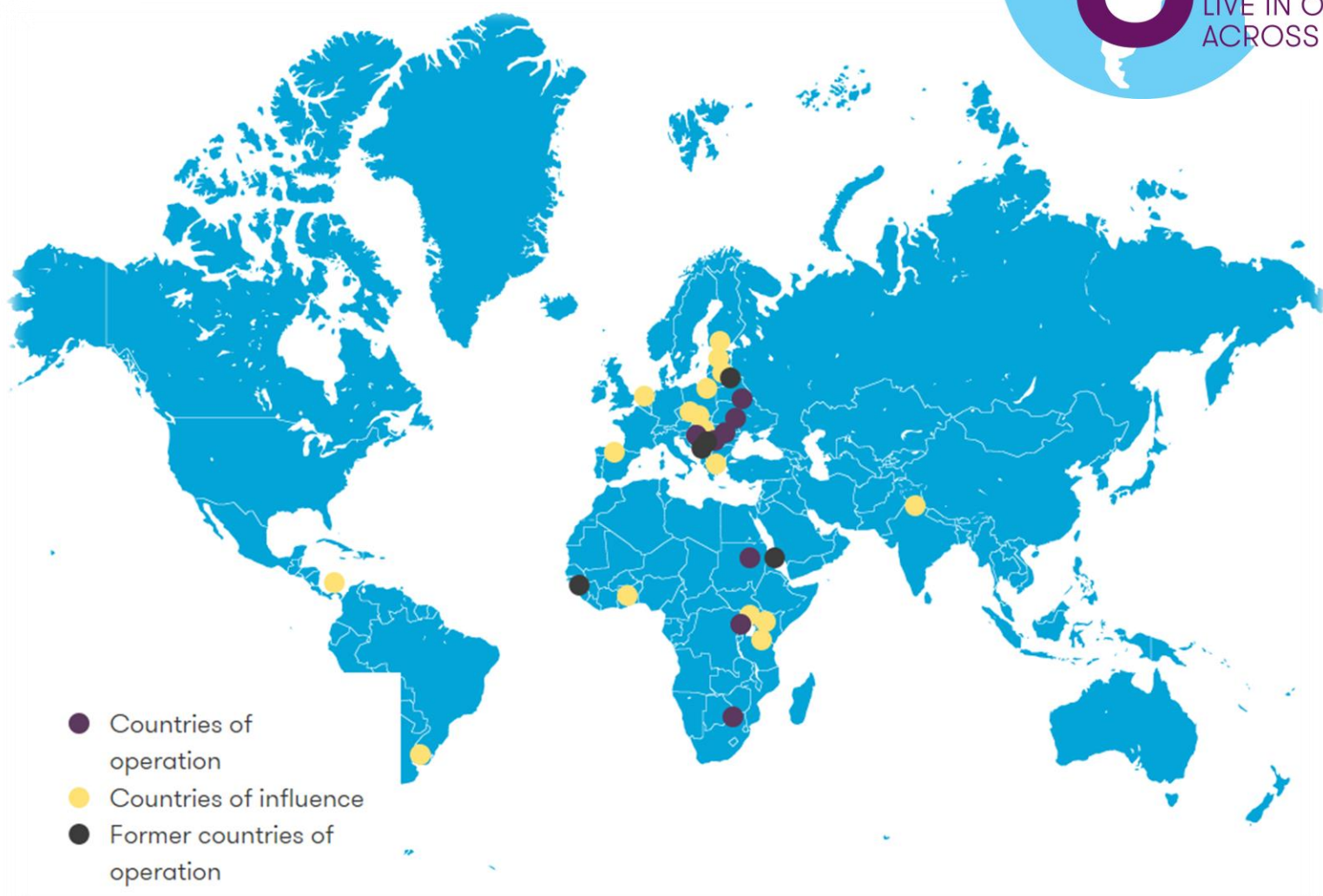
**hope and homes
for children**

Our Work

- Countries of operation
- Countries of influence
- Former countries of operation

Regional Characteristics of Institutions

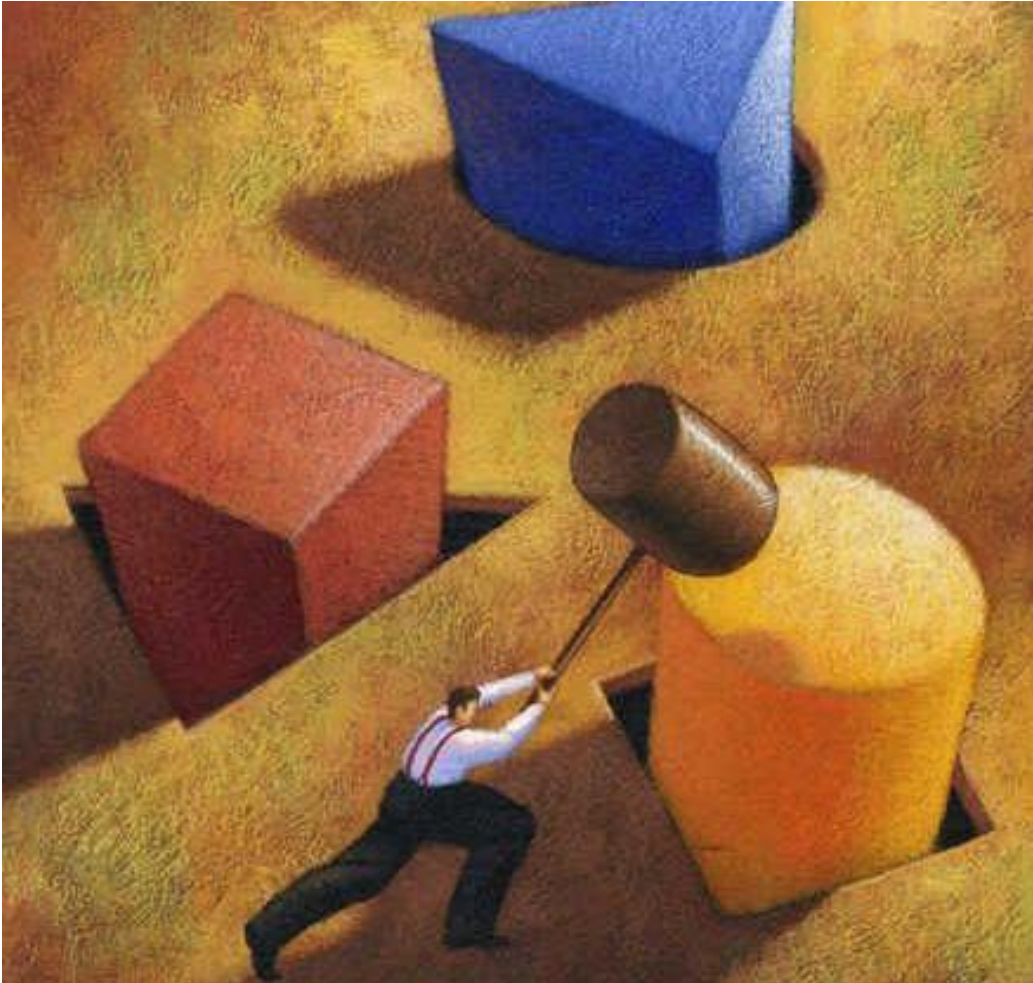| Characteristic	Europe	Trends
Governance	Regulated	+++
Funding source	Government	++
Lack of secure income	⏏	+++
Lack of secure accommodation	⏏	++++
Ill/health parent	⏏	+++
Ill/health child	⏏	+++
Poor family & social relationships	⏏	++
Poor parenting skills	⏏	++
Parental loss	⏏	+
Age of entering institutions	Higher	?
Length of stay in institutions	↓ ☐	?

#Lost in translation

#Square peg in a round hole

- ❑ Context matters
- ❑ Understanding the reality of separation
- ❑ Understanding the dynamic of the institutional system
- ❑ Agreeing a set of principles rather then using a blueprint

#Hot potato

- ❑ De-centralisation of services must be incentivised

- ❑ Resources to support the service development & delivery

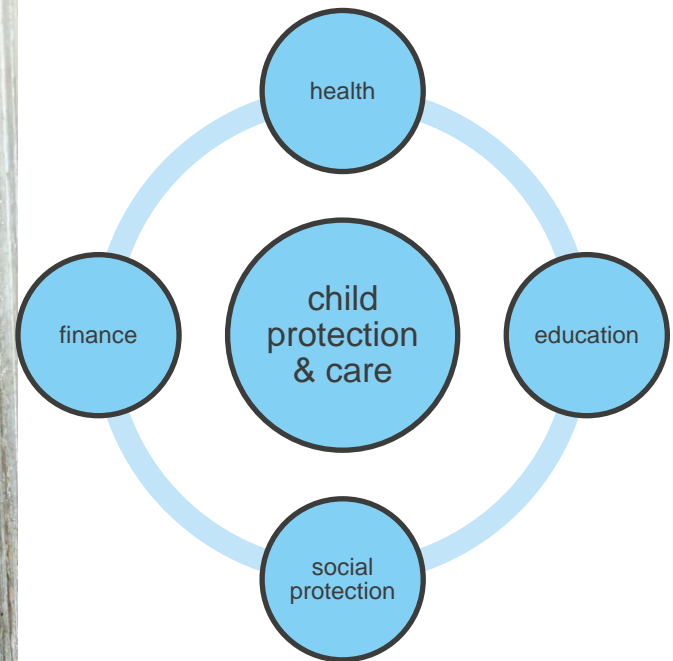- ❑ Human resources & capacity building

#Not all children are equal

#The poor sister

health

finance

child
protection
& care

education

social
protection

#The revolving door

#Time is of essence

- ❑ It is a marathon not a sprint

- ❑ Children can manage transition if supported and within an acceptable time frame

- ❑ The longer the length of transition, the higher the costs

#Follow the money

- ❑ Most often resources allocated to institutions do not follow children when deinstitutionalised

- ❑ Most often local authorities are not incentivised to develop local services

- ❑ Money should follow the children!

#Telling the story

Changing Mindsets: Conversion Storyboard

1. Children are in crisis.

2. A care provider opens the institution because she wants to care and protect children.

3. The care provider believes that she's doing the right thing. But she begins to change her mind...

4.

Why did the care provider begin to change her mind?

o	oo	ooo	oooo
Respect for traditional ways of caring for children.	Impact of institutional care on children's brain development.	Personal reflection on the importance of the love of family.	Reflection on importance of family in her faith. Guidance from faith leaders.

5. An advocate for ending institutional care begins to work with the care provider. She shows her that it's possible to move children into alternatives types of care that are better for children, and more supportive of tradition and the values of her faith.

6. Children are transitioned from the institution into other types of care. As part of the collaboration, the care provider develops new skills and takes on a new role supporting children in the community.

7. Both the children and the care provider are happy and thriving.

#Where there is a will, there is a way

Political Will & Commitment

- Understanding the size and scope of the problem & solution

- Internal pressure from the civil society sector & advocates

- External pressure from peers, international/regional agencies, advocates
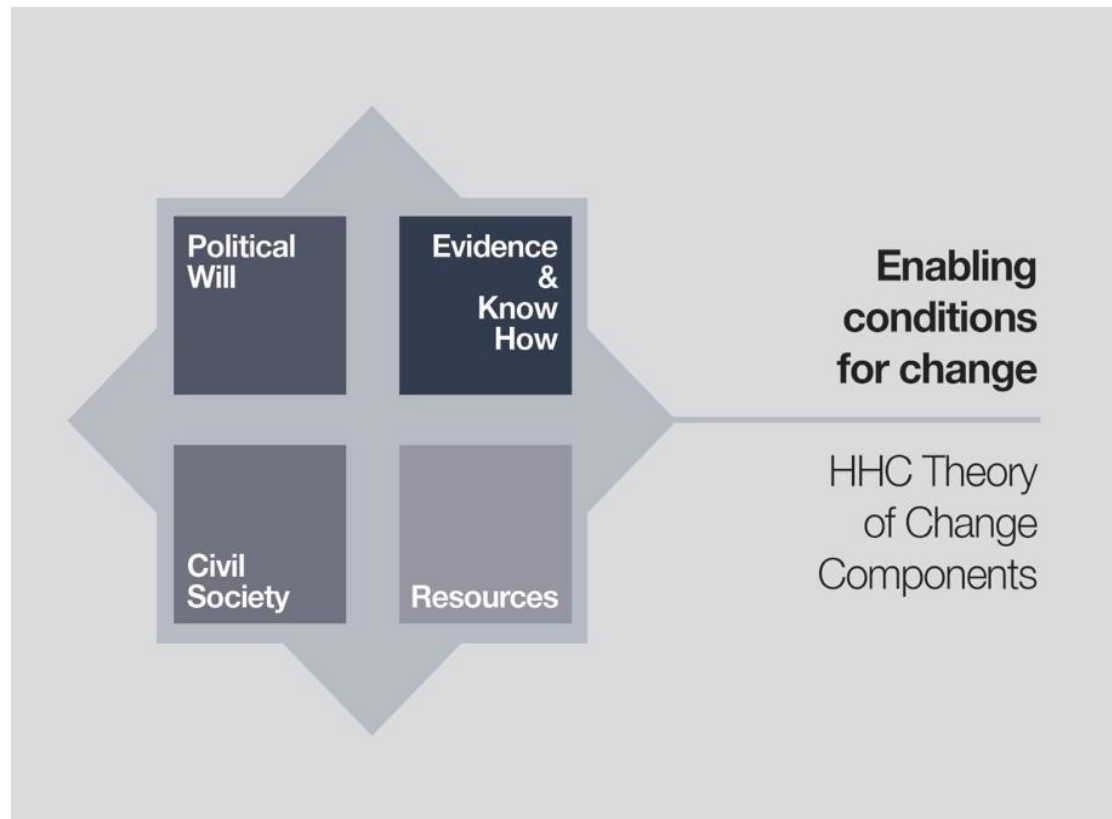
- Funding availability

#Measure what matters

Q1 — Is care genuinely needed?

Reduce the perceived need for formal alternative care

Discourage recourse to alternative care

The Necessity Principle

Q2 — Is the care appropriate for the child?

Ensure formal alternative care settings meet minimum standards

Ensure that the care settings meets the needs of the child

The Suitability Principle

#Key Indicators for Systemic Change

Political Will

Evidence & Know How

Civil Society

Resources

Enabling conditions for change

HHC Theory of Change Components

#Key Steps to Deinstitutionalisation

1

Engage

Tell the story
change the narrative

2

Assess

Understand why?
children, parents, carers, social workers

3

Design

Plan what?
social protection, family support, alternative families

4

Transition

Know how
family strengthening, gatekeeping, alternative care

5

Monitor

Evaluate and learn
continue develop policy and practice

Thank You

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